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APPLICANTS

Zachary Utz, North Canton, OH;  
 Kenneth Turocy, Wadsworth, OH;  
 Jim Booth, Kimbolton, OH; Natarajan Ramachandran, Uniontown, OH;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/434,989 12/19/2002 *[Signature]*  
*yes*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/29/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes / <input checked="" type="checkbox"/> no <input type="checkbox"/> yes / <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 24	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS  
 28995  
 RALPH E. JOCKE  
 walker & jocke LPA  
 231 SOUTH BROADWAY  
 MEDINA , OH  
 44256

TITLE  
 Cash dispensing automated banking machine with user interface illumination devices

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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